

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/584385						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2						52							
3						53							
4						54							
5						55							
6						56							
7						57							
8						58							
9						59							
10						60							
11						61							
12	1					62							
13		1				63							
14	1					64							
15		1				65							
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42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3		↓		↓	↓			↓		↓		
TOTAL DEP.	12	←		←	←				↓		↓		
TOTAL CLAIMS	15								←	←	←		